National Joint Registry
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NATIONAL JOINT REGISTRY STEERING COMMITTEE

MINUTES

Meeting:	NJR Steering Committee	**Date:** Tuesday 19th July 2016	
Location:	Princes Gate Room, RCGP, 30 Euston Square, Euston, London		
Members Present:	Laurel Powers-Freeling	LPF	Chairman
	Gillian Coward	GC	Patient Representative, NJRSC
	Michael Green	MG	Orthopaedic Industry / Manufacturer Representative, NJRSC
	Peter Howard	PH	Orthopaedic Surgeon, NJRSC Chair, Surgeon Outlier, Implant Scrutiny and Implant Performance Committees
	Rob Hurd	RH	NHS Management Representative, NJRSC
	Hussain Kazi	HK	Co-opted Orthopaedic Surgeon, NJRSC
	David Macdonald	DM	Independent Sector Representative, NJRSC
	Sue Musson	SM	Patient Representative, NJRSC
	Matthew Porteous	MP	Chair, Regional Clinical Coordinators Committee
	Martyn Porter	MPo	NJR Medical Director
	Robin Rice	RR	Welsh Government Representative, NJRSC
	Prof Mark Wilkinson	MW	Public Health and Epidemiology member, NJRSC
	Tim Wilton	TW	President, BOA
	Nick Wishart	NW	Orthopaedic Industry / Manufacturer Representative, NJRSC
Attendees:	Richard Armstrong	RA	Programme Director, Northgate
	Prof Ashley Blom	AB	University of Bristol
	Jane Ingham	JI	CEO, HQIP
	Mike Kimmons	MK	CEO, BOA
	James Ludley	JL	Senior Communications Officer-NJR, HQIP
	Khalid Razak	KR	Medicines and Healthcare products Regulatory Agency (MHRA)
	Eve Riley	ER	Associate Director, Research & Governance-NJR, HQIP
	Mike Swanson	MS	Principal Consultant, Northgate
	Elaine Young	EY	Director of Operations-NJR, HQIP
Apologies:	Prof Tim Briggs	TB	Lead, Getting It Right First Time (GIRFT) National Director, Clinical Quality and Efficiency, DH
	Prof Andrew Price	AP	Orthopaedic Surgeon,
	Prof Amar Rangan	AM	Orthopaedic Surgeon, NJRSC
	Andy Smallwood	AS	NHS Procurement

REF.	ITEM	ACTION
1	**Welcome and Apologies for Absence** LPF welcomed members and noted apologies for absence from Tim Briggs, Amar Rangan, and Andrew Price.	
2	**Minutes of the Previous Meeting** The minutes of the meeting held on 27.04.16 were noted and approved. **Matters arising** **HSCIC data access issues and proposed fee increases [both for core NJR reporting purposes and third party sub-licensing arrangements]** An escalation strategy was agreed internally by NJR in collaboration with HQIP. **Actions:** **Convene meeting with NJR, HSCIC and CAG to progress NJR data access application and agree plan to progress application for third party sub-licensing arrangements.** **HQIP to raise issues of HES/PROMS/ONS access on behalf of NJR and NCAPOP programme via a letter to Sir Bruce Keogh, outlining implications for all audits. and raise the issue of proposed fee increases with HSCIC,**	**Ngate** **JI**
3	**Business Update** **Item 9 (NJRSC Structure & Gov: Recruitment & Succession Planning):** EY noted that. AP had formally become part of Lot 2 and therefore his position on NJRSC would become vacant and he would need to be replaced. SM had agreed to extend for a period and assist in succession planning for new patient rep appointment. **Item 10 (PHIN):** EY updated that there had been continuing discussions but with slow progress. DM outlined that PHIN did not have conformity across the independent sector. MK added that data collected by PHIN so far was incomplete and information governance was an issue. **Item 12 (GIRFT & Lord Carter Efficiency Programme):** A meeting was planned to agree data sharing and impact of Model Hospital on the NJR's economic model. Detail provided in RH's update later on agenda. **Item 15 (Editorial Board – HSCIC):** see above for actions relating to this issue.	
4	**NJR Data Quality/COP** LPF updated on NJR/BOA/NHSE discussion with Prof. Sir David Spiegelhalter, in relation to NJR data quality issues and plans for a process to produce safe surgeon monitoring & communication of orthopaedic surgeon performance. NJRSC concurred that it was not in the public interest to provide surgeon-level performance data, particularly with concerns about data quality and systemic under-reporting of revisions by a minority, with preference expressed for unit level reporting. Members agreed, in conjunction with BOA and specialist societies, to propose to Bruce Keogh, an alternative approach to public reporting, underpinned with the NJR approach to managing poorly performing surgeons.	

	Action: Produce proposal for providing safe monitoring and management of surgeon performance, for submission to BK end-October	
5	**NJR Surgeon Outlier Process Review** PH presented an updated NJR Surgeon Outlier Process, outlining that the work had been supported by Andrew Woodhead and addressed surgeon-level reporting with additional reference to be added for unit-level at a later stage.LPF noted that this work linked to the NJR Data Quality/COP discussion. Regarding Trust response times, RH and SM felt 6 weeks was correct. RH also agreed that the responsible organisation should be expected to deal with the issue as appropriate, following NJR notification. DM highlighted that this would be slightly different for the ind. sector. Often the communication from Group CEO is not great. And similarly there can be issues about communication going up from a local level to head office. DM to be involved in helping liaise with ind. sector on issues relating to outlier process. JI outlined that most Trusts were keen to ensure they were covered in relation to outlier issues, raising a question about the point of escalation to CQC. HQIP were drafting escalation guidance which would be ready to share in the autumn. MPo outlined that the ongoing outlier work and detail of this document was considerable. The NJR need to publicise this more. SM added that mapping the governance arrangements would be useful and the document should be made available on the website/publicly. It was agreed that next step was to liaise with GMC/CQC to agree the approach to escalation. LPF thanked PH and Andrew Woodhead for their work in producing this document. **Actions:** **HQIP to advise on escalation details** **NJR to communicate the work being done in this area more with the profession. GMC/CQC to be invited to SOC meeting – to better understand the process. SOC to think about escalation process and provide great clarity.** **Liaise with GMC/CQC on proposed escalation arrangements**	**JI** **PH/SOC** **EY/PH**
6	**NJR Annual Plan 2016/17** The 2016/17 Annual Work Plan and reporting details were noted and agreed. **Action: Reporting to be through NJREC, with quarterly updates to NJRSC and KPIs updated through the relevant Sub-committees.**	
7	**NJR Communication Plan 2016/17** JL presented the 2016/17 communications strategy with report on 15/16. He noted this could be flexible in relation to the NJR's Annual Work Plan. RH thought the document was well presented and mapped out the NJR's communication for each of the various stakeholders in an appropriate way, but felt adding a position statement for each stakeholder group would strengthen the plan. KR asked if the various social media forums were useful for the NJR and what level of engagement had they generated. JL highlighted the 15/16 activity report demonstrated a sustained growth with the NJR's social media platforms and that each served a	

	purpose for differing audiences: Twitter = profession/professionals; Facebook = more patient-focused. JL added these were useful tools for giving messages to various audiences; but the monthly bulletin was still best for overall promotion of NJR work. **Action: JL to add position statement to each stakeholder group.**	**JL**
8	**Getting it Right First Time (GIRFT) Update** RH provided an update on the National Clinically Led Efficiency Programme "GIRFT" The Productivity and Efficiency Team at the DH, was likely to receive funding to expand the GIRFT programme. The business case was seeking additional investment over the period July 2016 to June 2019, to deliver a GIRFT expansion programme across 23 NHS clinical specialties and clinical service areas of pathology, imaging and radiology. This was in addition to the £2.45m already allocated to the existing programme, which from late summer would be commissioned by NHSI rather than DH. As the future operating model was still to be determined, there was no operational planning detail available for sharing with NJR at this time. The BOA was next meeting with GIRFT on 3 Aug 2016.	
9	**Patient Network [PN] Event Update** The NJR Patient Network Meeting report was received and noted. GC reported on a successful meeting and she and SM would liaise with JL around sustaining regular communications with the members, particularly to highlight NJR work. JL advised the next area of work with the PN this Autumn would be with PPG. **Action: GC to draft first 'update' communication for Patient Network. JL to continue to work with the PN in updating the PPGs for the 13th Annual Report.**	**GC** **JL**
10	**Pinnacle Litigation England & Wales Update** EY informed members of forthcoming litigation in England & Wales in respect of the Pinnacle and that NJR, with legal advice, were addressing governance issues relating to document disclosure.	
11	**Beyond Compliance [BC]** NW advised that BC had a target of >75% BC registered surgeons by the end of the 2016. The difficulty was reaching those surgeons who were still using non-BC products. DM highlighted that he thought this was also an issue within the ind. sector. NJR permission was sought to contact surgeons to close the gap on a growing number of procedures now in the NJR that are not able to be followed up by BC. **Action: EY to review and confirm**	**EY**
12	**ODEP Ratings** NW advised as ODEP ratings continued to rise in importance and influence in practice for UK surgeons, maintaining a close link between ODEP and NJR was essential for the most up to date ratings to be reflected in NJR data. Several surgeons had reported that the product they were using appeared to have a different ODEP rating according to their NJR reports, than was publicly provided via the ODEP website. As surgeons now appeared to be monitored by their usage of 10A rated implants, accuracy of the data was essential. When ODEP ratings are updated 6 monthly, there needed to be a facility for Northgate to provide these new ratings for NJR. Members noted that Northgate needed catalogue numbers from manufacturers (not only brand name) for product clarification for each sub-classification.	

	Action: RA to address handling of this in context of rate reporting.	**RA**
13 **13.1** **13.2**	**Finance** NJRSC members received and noted the NJR Finance Report Q1, NJRSC members received and noted subscription charges for 2016/2017. EY urged all members to help influence subscription payments where possible.	
14	**Update from the NJRSC Sub-Committees**	
14.1	**Executive Committee (Extended)** The minutes of the meeting held on 18.05.16 were noted. MPo reported; **NJR Component Data Base Upgrade –** Issues with University of Bristol's ability to interrogate the database were being addressed. NJRSC would be updated. **Extending the NJR EMBED Pricing service to the Independent Sector -** Extending EMBED to the IS was discussed. Including commercial differences and nuances for pricing data NW asked whether suppliers could have visibility of their own price data. This was agreed to be a reasonable request. **Action: RA to draw up as proposal for extending EMBED to IS and explore feasibility for pricing data to be obtained direct from industry.**	**RA**
14.2	**Medical Advisory Committee** The minutes of the meeting held on 15.06.16 were noted and approved. MPo reported: **<u>International Medical Device Regulators Forum-</u>**MPo was liaising with Andy Crosbie. MHRA, to provide clarity on the organisation of this group and discuss how registry data could be used for regulatory purposes. The outcome would ensure NJR processes were compliant with any international model. **<u>Issues Concerning ODEP and benchmarking-</u>**Concerns had been raised about the functions of a new benchmarking group led by Steven Graves. The BOA continued to promote ODEP as best of class, but supported parallel benchmarking to see if methodology could be improved. MPo was meeting Steven Graves on 21/07 and would update members. **<u>COP 2016 and HQIP COP Technical Manual</u> –**MPo would respond to Danny Keenan, HQIP, raising some outstanding issues and explain why NJR may be doing things differently, particularly in relation to: 1. Outlier process (use of 3 standard deviation model) and 2. Difference in escalation process.	**MPo** **MPo**
14.3	**Data Quality Group** MPo updated on the meeting held on 06.07.16 – [minutes to be finalised]. **<u>Audit Progress:</u>** A all but 1 trust had engaged in the data quality audit and 60% trusts had completed their returns, leaving estimated 30-40 trusts still to return data. The intention for 2015/16 was to go after this missing data, and conduct 1:1 MD-MD engagement for poorly performing trusts, supported by a programme of visits **Independent Sector [IS]**: A briefing plan for engagement with the IS was required and would be facilitated through DM, who recommended the point of initial contact as Matron or Head of Clinical Services at individual hospital level.	

	Agreed RC's could make direct contact, as there was approval in place from all parties within the IS.	**DQG**
14.4	**Editorial Board** The minutes of the meeting held on 01.07.16 were noted. MPo reported that the final annual report proofs were due this week and hard copies would be circulated to members 2 weeks prior to BOA for launch [13 September 2016]. JL updated that the NJR's presentation at the BOA Congress was planned for Tuesday afternoon 13 Sept 2016 and this year would involve case studies as part of the session. .	
14.5	**Research Sub-Committee** The minutes of the meeting held on 10.06.16 were noted and approved. MPo commended RSC work to date. MW updated members as follows: • Confirmed recruitment of new Research Fellow complete with appointment of Richard Craig, University of Oxford, who will help develop NJR's shoulder programme, and undertaking the research study: *'Factors affecting patient reported outcomes after shoulder replacement surgery'.* RSC are ready for next round of recruitment, to launch at BOA 2016; • Data portal development underway with 1st meeting of development team scheduled for 3 Aug 2016; • The Annual Data Build of the 'research ready' dataset was progressing well; • The charging model for research and data requests would come back to NJRSC October 2016. Review was currently underway in context of recent provider fee increases to determine what reasonable and appropriate charges were. • Regarding the MoM Cardiac research project, additional brand data had recently been released and NJR were urgently pursuing an interim progress report for Chair's further consideration.	
14.6	**Regional Clinical Co-ordinators Committee** The minutes of the meeting held on 06.07.16 were noted. MP reported: • Adverts were currently out for replacement RCC posts. • Recent focus has been on completion of the Data Quality Audit and progress of had moved on significantly since the last meeting with 94 Trusts having completed the audit, 85 of these have received their final reports. • RCC Network was now well established to connect with all organisations with comprehensive cover in place. • RCC Committee was now gearing up for year 2 audit starting in August 2016.	
14.7	**Surgeon Outlier Committee** PH gave verbal update from the meeting held on 18.07.16 – minutes to be finalised. • **<u>Surgeon data:</u>** — 6 new knee surgeons overall — 1 new knee surgeon unit overall — 7 new hip surgeons overall — 3 new hip surgeon units overall • **<u>Unit data - of 456 Units:</u>** — Hip 62 units are or have been outliers, 46 current — Knee 50 units are or have been outliers, 30 current	

	• **DAIR (debridement, antibiotics, irrigation, and retention) –** Agreed a suggested amendment to the recording form was made for early joint infection. • **Unit access to surgeon level feedback** - PH raised process query where surgeon had retired/moved on/now deceased, should a unit have access to clinician feedback at individual surgeon feedback level? NJRSC agreed in principle provided supporting reasons warrant disclosure i.e. surgeon cannot give consent. **Agreed discretionary approach should be taken for risk assessment on individual case basis.** • **Presentation of TKR uni knee data -** DM raised question re. NJR adjustment of TKR uni knee data. Members agreed that current presentation is correct – present results together and separately – and individual unit can then assess and justify outcomes. Discussion at local level should be encouraged.	
14.8	**Implant Performance & Scrutiny Sub-Committees** PH gave verbal update from the meeting held on 18.07.16 – minutes confidential. MPo commented on the value of the highly detailed and structured work presented. KR also praised the level of implant feedback with NJR setting a precedent on this for MHRA, who used it as an exemplar for development in other areas of implant monitoring. Implant 'camouflage' was mentioned i.e. that a trend had been noticed whereby redefinition of named implants within a given family could potentially obscure poorly performing implants.	
15	**Quarterly Statistics Report Q1 [1st April to 30th June 2016]** The Quarterly Statistics Report for Q1 was received and noted.	
16	**Quarterly Management Report Q1 [1st April to 30th June 2016]** The Quarterly Management Report for Q1 was received noted. MS reported Q1 had been the largest quarterly submission ever for NJR –equal to ¼ million records/annum.	
17	**NJR Meeting Schedule 2016** Update was received and noted.	
18	**Any Other Business** a. HK advised plans to develop an online platform for trusts to enable primary validation at source rather than relying on paper records, with aim to increase NJR compliance and save Trusts money. A formal business case would follow. b. MPo referred members to a recent BMJ editorial raising issues of data security and new model of consent ['Using NJR data to improve health – data guardian demands much more extensive dialogue with public']. **Journal reference: BMJ 2016; 354:i3852]**	**HK** **ALL**
19	**Date of Next Meeting** Friday, 14th October 2017, 10:30am-4:30pm	